

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

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In re Patent Application of:  
Heinrich Schubert

Application No.: 10/502,239

Confirmation No.: 4005

Filed: July 22, 2004

Art Unit: 3731

For: DEVICE FOR THE PRODUCTION OF  
ANASTOMOSES BETWEEN HOLLOW  
ORGANS

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Examiner: Not Yet Assigned

**SUBMISSION OF REVOCATION OF PRIOR POWER OF ATTORNEY AND  
APPOINTMENT OF NEW ATTORNEY AND STATEMENT UNDER 37 CFR 3.73(b)**

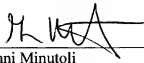
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Transmitted herewith is a Revocation of Prior Power of Attorney and Appointment of New Attorney and Statement Under 37 CFR 3.73(b) in relation to the above-captioned matter. In addition, please change the Attorney Docket Number for all correspondence associated with this application to Attorney Docket Number E7900.2001/P2001.

Dated: August 29, 2007

Respectfully submitted,

By   
Gianni Minutoli  
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<b>REVOCATION OF PRIOR POWER OF ATTORNEY AND APPOINTMENT OF NEW ATTORNEY</b>	<b>Application Number</b>	10/502,239
	<b>Filing Date</b>	July 22, 2004
	<b>First Named Inventor</b>	Heinrich Schubert
	<b>Title</b>	DEVICE FOR THE PRODUCTION OF ANASTOMOSES BETWEEN HOLLOW ORGANS
	<b>Group Art Unit</b>	3731
	<b>Examiner Name</b>	Darwin P. Erezzo
	<b>Attorney Docket No.</b>	E7900.0001

I hereby revoke all powers of attorney previously granted and hereby appoint:

☒ Practitioners at Customer Number  *Customer Number* →  *Customer Number Bar Code*

OR

☐ Practitioner(s) named below:

Name	Registration Number	Name	Registration Number

as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.

Please change the correspondence address for the above-identified application to:

☐ The above-mentioned Customer Number.

OR

☒ Practitioners at Customer Number  *Customer Number* →  *Customer Number Bar Code*

OR

☐ Firm or Individual Name ☐ Gianni Minutoli  
DICKSTEIN SHAPIRO LLP

Address

City  State  Zip

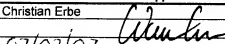
Country  Telephone  Fax

I am the:

☐ Applicant/Inventor.

☒ Assignee of record of the entire interest. See 37 CFR 3.71.  
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

**SIGNATURE of Applicant or Assignee of Record**

<b>Name</b>	Christian Erbe
<b>Signature</b>	
<b>Date</b>	07/02/07

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required. See below.

☐ \*Total of  forms are submitted.